



## Out-of-State Laboratory Certification Renewal Checklist

Laboratory Name: \_\_\_\_\_

S.C. Laboratory ID#: \_\_\_\_\_

S.C. Laboratory Certificate ID#: \_\_\_\_\_

Certifying Authority: \_\_\_\_\_

S.C. Laboratory Certificate ID#: \_\_\_\_\_

Certifying Authority: \_\_\_\_\_

S.C. Laboratory Certificate ID#: \_\_\_\_\_

Certifying Authority: \_\_\_\_\_

EPA Laboratory ID# (for PTs): \_\_\_\_\_

Please submit the following information for out-of-state laboratory certification renewal. The information will be accepted on CD or as a hard copy.

- \_\_\_\_\_ 1. A current certificate (reflecting new expiration date) from the certifying authority documented above. If not yet available from your certifying authority, please note date expected and e-mail a copy upon receipt.
- \_\_\_\_\_ 2. The current analyte list (reflecting new expiration date) from the certifying authority documented above. If not yet available from your certifying authority, please note date expected and e-mail a copy upon receipt.
- \_\_\_\_\_ 3. The most recent onsite evaluation from the certifying authority for the methods for which renewal is being requested.
- \_\_\_\_\_ 4. The laboratory response to the onsite evaluation report.
- \_\_\_\_\_ 5. The current QA plan with an effective date, revision date, and ongoing history for the QA plan modifications.
- \_\_\_\_\_ 6. The current SOPs for the methods that are being renewed with an effective date, revision number, and ongoing history for the SOP modifications. If already on file, a compiled list of the SOPs must be submitted along with the effective date and revision number.
- \_\_\_\_\_ 7. The current listing of personnel with their primary responsibilities.

Comments: \_\_\_\_\_